

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known													
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/509,841-Conf. #7670</td></tr> <tr><td>Filing Date</td><td>October 20, 2005</td></tr> <tr><td>First Named Inventor</td><td>Bradley T. Hyman</td></tr> <tr><td>Examiner Name</td><td>G. S. Emch</td></tr> <tr><td>Art Unit</td><td>1649</td></tr> <tr><td>Attorney Docket No.</td><td>M0765.70061US00</td></tr> </table>		Application Number	10/509,841-Conf. #7670	Filing Date	October 20, 2005	First Named Inventor	Bradley T. Hyman	Examiner Name	G. S. Emch	Art Unit	1649	Attorney Docket No.	M0765.70061US00
Application Number	10/509,841-Conf. #7670														
Filing Date	October 20, 2005														
First Named Inventor	Bradley T. Hyman														
Examiner Name	G. S. Emch														
Art Unit	1649														
Attorney Docket No.	M0765.70061US00														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 50%;">(\$) 820.00</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$) 820.00												
TOTAL AMOUNT OF PAYMENT	(\$) 820.00														

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input type="checkbox"/> Deposit Account Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	310	155	510	255	210	105	_____	
Design	210	105	100	50	130	65	_____	
Plant	210	105	310	155	160	80	_____	
Reissue	310	155	510	255	620	310	_____	
Provisional	210	105	0	0	0	0	_____	
2. EXCESS CLAIM FEES								
						Small Entity		
						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						50	25	
Each independent claim over 3 (including Reissues)						210	105	
Multiple dependent claims						370	185	
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
_____		_____	x _____	= _____	Fee (\$)		Fee Paid (\$)	
_____		_____	x _____	= _____	_____		_____	
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)				
_____		_____	x _____	= _____				
_____		_____	x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)		
_____	_____	/50 = _____ (round up to a whole number) x _____			= _____			
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2254 Extension for response within fourth month						820.00		

SUBMITTED BY			
Signature	/John R. Van Amsterdam/	Registration No. (Attorney/Agent)	40,212
		Telephone	617.646.8000
Name (Print/Type)	John R. Van Amsterdam	Date	June 11, 2008

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: June 11, 2008	Signature: /Sylvana Householder/